

**ProCard Program
New Cardholder Account Form**

Section 1: Cardholder Information

Cardholder Name: _____
 Job Title: _____ Department Name: _____
 Campus Address (Box No.): _____
 City, State, Zip: _____
 Phone: _____ Email Address: _____
 Month and Day of Birth (MM/DD): _____ Employee ID: _____

Default Chartfield Information				
Fund	Department	Cost Center	Project ID	Function

The ProCard Monthly Spending Limit will default to \$10,000 per month. If more is needed, please check one of the boxes below.

- \$20,000
 \$30,000

The ProCard Monthly Spending Limits are reviewed regularly. If historical spending does not justify maintaining a higher limit, the limit will be adjusted down to an appropriate level.

Section 2: Role Assignments

1. Reconciler

Reconciler Information		
Name	Employee ID #	Email Address
1.		
2.		

2. Final Approver

Final Approver Information		
Name	Employee ID #	Email Address
1.		
2.		

All Cardholders, Reconcilers, and Reviewers will be automatically subscribed to the Payment Card Services electronic mailing system (LISTSERV) maintained by Payment Card Services to receive ProCard Communications.

Applicant Signature: _____ Date: _____
 Reconciler Signature: _____ Date: _____
 Final Approver Signature: _____ Date: _____

For Payment Card Services Use Only

Card Number: _____ Expiration Date: _____